

# Postoperative Discomfort After Abdominal Surgery: An Observational Study

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**Purpose:** Patients who have surgery may experience distress in the following days. Although postoperative distress is a common experience, few studies have analyzed these patient complaints in-depth. The purpose of the present study was to analyze the potential causes of patients' discomfort after abdominal surgery.

**Design:** This was a prospective and observational study.

**Methods:** Patients ( $N = 131$ ) were asked to rate their discomfort twice using a list of nine items in the first 6 to 8 hours after surgery and at 24 hours after its completion. Participants were asked to score intensity from 0 (absent) to 10 (unbearable).

**Findings:** The main causes of discomfort at 24 hours were pain (82%), movement restriction (79%), and dry mouth (70%). These items also had the highest scores (by gender; women scored higher than did men in insomnia, dry mouth, and abdominal distension). No significant differences were observed between patients who had undergone open or laparoscopic surgery.

**Conclusion:** It was concluded that pain, movement restriction, and dry mouth were the most disturbing causes of discomfort. Therefore, symptoms other than pain should be considered to improve the well-being of patients after abdominal surgery.

**Keywords:** abdominal surgery, postoperative discomfort, postoperative well-being, postoperative care unit.

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**PATIENTS EXPERIENCE DISTRESS**, other than pain, after surgical procedures.<sup>1</sup> This postoperative distress may greatly affect the patient's state of well-being. The term "postoperative discomfort" has been used to define a clinical picture that includes signs and symptoms that distress patients who have undergone surgery.<sup>2</sup> Suppres-

sion of postoperative distress or discomfort suppression might be considered as a priority of nursing care in the early postoperative period.

Postoperative discomfort may be influenced by several factors, such as patients' illnesses, surgical procedures, anesthesia technique, and previous

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1089-9472/\$36.00

<http://dx.doi.org/10.1016/j.jopan.2014.06.005>

health states. Two major groups may be considered among the main disorders that influence the well-being of patients after surgery.<sup>3</sup> The first group includes pain-related symptoms, for example, pain, insomnia, movement restriction, and other symptoms potentially related to the administration of analgesic drugs, such as dry mouth or somnolence. The second group includes those symptoms associated with the gastrointestinal tract, such as nausea, vomiting, constipation, or abdominal distension.

Postoperative pain is one of the main causes of patient discomfort.<sup>4</sup> In addition to pain, postoperative nausea and vomiting (PONV) are also frequent causes of discomfort and may even extend the stay of patients in postoperative units.<sup>5</sup> In abdominal surgery, the manipulation of bowels and general anesthetics, as well as opioid analgesics, may slow gastric emptying and contribute to PONV.<sup>6</sup> Other causes of postoperative discomfort have been considered less often. For example, dry mouth has not yet been considered as an intrinsic cause of postoperative discomfort, even when pre-anesthetic atropine and some inhalation anesthetics may produce severe dryness of the upper gastrointestinal tract.

### Literature Review

Given the scarcity of data in postoperative discomfort, a review of the literature in this subject was performed. Zegerman et al<sup>1</sup> after a MEDLINE search in 2008, stated that no data were available on the extent of postoperative/postanesthesia discomfort and its possible consequences. Before 2008, the most interesting contribution was the study of Closs and Briggs<sup>7</sup> who analyzed the descriptions of pain and discomfort in a sample of patients following orthopaedic surgery. They determined that pain and discomfort were two different constructs, although related, and advised that nurses use a structured assessment to identify causes of discomfort.<sup>7</sup> Van de Leur et al<sup>8</sup> reported that 54% of patients in the intensive care unit reported having discomfort during their stay, mostly due to the endotracheal tube and hallucinations, whereas only a minority of patients mentioned pain. These early studies carried out in surgical and medical patients showed that discomfort was common in both groups and that it should not be equaled to pain.

In the last few years several authors have considered postoperative discomfort in dental procedures.<sup>9-14</sup> Most studies that have analyzed postoperative discomfort in surgical patients have only considered single symptoms. Feliciano et al<sup>15</sup> analyzed the incidence of urinary retention after spinal anesthesia and its effect on the discharge of patients from postanesthesia care unit (PACU). Saratzis et al<sup>16</sup> described how multiple drains increased patient discomfort after a mastectomy. Pain and discomfort after hernia repair have also been studied, but discomfort was considered as a single symptom not as a syndrome.<sup>17-19</sup> The effect of different surgical procedures in radical prostatectomy on pain and discomfort has also been evaluated.<sup>20</sup> Other authors have also evaluated the effect of some interventions to decrease discomfort after medical and surgical procedures. In this direction, Easter et al<sup>21</sup> have reported that music may decrease some physical signs and symptoms of discomfort in PACU patients. Gabapentin,<sup>22</sup> intraoperative ketamine,<sup>23</sup> and butylscopolamine<sup>24</sup> have been studied to relieve urinary catheter-induced discomfort. Binhas et al<sup>25</sup> reported the predictors of catheter-related bladder discomfort in PACU.

More recently, Hüppe et al<sup>26</sup> have reported postoperative complaints, but not discomfort, in a sample of patients who underwent elective general surgery. The main symptoms described by patients were pain, nausea, and dry mouth. The authors recommended that these symptoms should be the main target of interventions in such patients. Andi6n et al<sup>3</sup> have described the prevalence of several causes of postoperative discomfort in a sample of surgical patients and health care professionals. The authors reported that patients referred to pain and movement restriction as the most disturbing items, whereas nurses and physicians rated pain, nausea, vomiting, and nasogastric tube the highest.

From this literature analysis, we believe that discomfort has not been sufficiently analyzed in general-surgery procedures. In some studies, one symptom of discomfort was considered, whereas a heterogeneous sample of patients was chosen in others. There is no clear evidence of which factors may also contribute to postoperative distress besides pain or PONV. A survey analyzing each potential cause of discomfort in a homogeneous sample of patients would permit researchers to define specific

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